Rec'd PCT/PTO 20 JAN 20150 / 521910

COLORD DE CELLE				
COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY				
	HIOWER	OF ATTORNE		Pirst Names Inventor: BROWN et al
				Complete if known:
() Declaration submitted with initia	filing or	• •	,	App No.;
() Declaration submitted after initia	ai niing (surcharge	required 37CFR1.16(e))		Filing Date
				Group Art Unit:
As below named inventor. I hereby declare that:				
My residence, post offic			-	
I believe I am the original (if plural names are listed entitled:	al, first and sole i d below) of the s	nventor (if only one nar ubject matter which is c	ne is listed below) or an original, fi laimed and for which a patent is so	rst and joint inventor ught on the invention
.,	PYRAZO	LOPYRIMIDINES A	s kinase inhibitors	
the specification of which	h (check only on	e item below):		
[]is attached hereto. OR				
[X] was filed on July 2	1, 2003 as Unite	d States application Ser	rial No or PCT Inte	mational
Application Number PC applicable)	CT/US03/22717	filed and was amended	on (MM/DD/YYYY)	(if
I hereby state that I have as amended by any amen	reviewed and undument specifical	derstand the contents of y referred to above.	f the above-identified specification,	including the claims,
I acknowledge the duty to	o disclose inform	ation which is material	to patentability as defined in 37 CF	R §1.56.
I hereby claim foreign priority ber	nefits under 35 U	.S.C. §119 (a)-(d) or §3	65(b) of any foreign applications(s) for patent or
inventors certificate or 363(a) of a	any PCT internat	ional application which	designated at least one country oth	or than the United
certificate or of any PCT international	onal application l	itted below, by checking having a filing date before	g the box, any foreign application in ore that of the application on which	for patent or inventor's
PRIOR FOREIGN AND ANY F	RIORITY CLA	IMS UNDER 35 U.S.	C. 119:	priority is claimed:
Prior Foreign Application		Country	Foreign Filing Date	PRIORITY
Number (s)			(MM/DD/YYYY))	CLAIMED
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	itle 35. United St	ates Code 8110/e) of a	l ny United States provisional application	stion(a) listed believe
Application No.		Filing Date	e (MM/DD/YYYY)	anon(a) usied below:
1.60/397,898			77/23/2002	
2.				· · · · · · · · · · · · · · · · · · ·

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DECLARATION FOR "371" APPLICATION
Page 3 of 3

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		The second of th	FIRST CIVEN NAME	SECOND CIVEN NAMEANITIAL
ا ۽ ا	FULL NAME	DREWRY	David	Harold
2	OF INVENTOR	Signature		Dafe:
	SIGNATURE			COUNTRY OF CITIZENSHIP
0	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	US
"	CITIZENSHIP	Durham	NC	STATE & ZIP CODE/COUNTRY
	POST OFFICE	POST OPPICE ADDRESS	CITY	North Carolina 27709, US
4	ADDRESS	GlaxoSmithKline	Research Triangle Park) to the Caronian 27707,
		Five Moore Drive, PO Box 13398		SECOND GIVEN NAME/INITIAL
	FULL NAME	PAMILY NAME	FIRST GIVEN NAME	Elizabeth
2	OF INVENTOR	LACKEY	Karen	Date:
-	INVENTOR'S	Rignature		Date.
١ .	SIGNATURE		STATE OR POREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE &	Durham NC	NC	US
	CITIZENSHIP		CITY	STATE & ZIF CODICCOUNTRY
	POST OFFICE	POST OFFICE ADDRESS	Research Triangle Park	North Carolina 27709, US
5	ADDRESS	GlaxoSmithKline	Kesen en Triangi-	1
L		Five Moore Drive, PO Box 13398	PIRST CIVEN NAME	SECOND CIVEN NAME/INITIAL
Г	FULL NAME	FAMILY NAME	Andrew	James
2	OF INVENTOR	PEAT	Autren	Date:
1	INVENTOR'S	Signature		
Ι.	SIGNATURE	cirv	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE &	Durham NO	NC	US
1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE A 7/P CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
ľ	1 110011000	Five Moore Drive, PO Box 13398		
\vdash	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
1 2	OF INVENTOR	THOMSON	Stephen	Andrew
1	INVENTOR'S	Signature		trace
	SIGNATURE		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE &	CITY	NC	US
1	CITIZENSHIP	I Durnam 1 🔍	CITY	STATE & ZIF CODE/COUNTRY
7	POST OFFICE	POST OFFICE ADDRESS	Research Triangle Park	North Carolina 27709, US
l l	ADDRESS	GlaxoSmithKline	Accepted At langue - water	
		Five Moore Drive, PO Box 13398	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	FULL NAME	FAMILY NAME	James	Marvin
2	OF INVENTOR	Signature A		Date: 9-26-2003
1	INVENTOR'S	Signature ~~ Ve		
١,	SIGNATURE RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	CITIZENSHIP	Apex X	NC	STATE & ZIP CODE/COUNTRY
1	POST OFFICE	POST OFFICE ADDRESS	СПУ	North Carolina 27502, US
8	ADDRESS	8916 Weaver Crossing	Apex	SECOND GIVEN NAME/INITIAL
٣	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	Lyn, Roark
1 2	OF INVENTOR	WILSON	Jayme	Date:
1	INVENTOR'S	Signature		J
,	SIGNATURE		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE &	Durham NC	NC	US
	CITIZENSHIP		CITY	STATE & ZIP CODE/COINTRY
	POST OFFICE	rost office address GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
9	ADDRESS	Five Moore Drive, PO Box 13398	_	
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COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY				ATTORNEY'S DOCKET PU4758USw First Names Inventor: BROWN et al Complete if known:	
() Declaration submitted with initial	filing or			App No.:	
() Decimation succession with initial	illing of				
() Declaration submitted after initial	filing (surcharge re	equired 37CFR1.16(e))		Filing Date	
				Group Art Unit:	
As below named	l inventor. I here	by declare that:			
My residence, post office	My residence, post office address and citizenship are as stated below next to my name.				
I believe I am the origina (if plural names are listed entitled:	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:				
	PYRAZOI	LOPYRIMIDINES AS	KINASE INHIBITORS		
the specification of which	n (check only one	item below):			
[]is attached hereto. OR					
•	1, 2003 as United	1 States application Seria	al No or PCT Inte	rnational	
Application Number PC applicable)	T/US03/22717 f	iled and was amended or	n (MM/DD/YYYY)	(if	
I hereby state that I have as amended by any amen	reviewed and und dment specifically	derstand the contents of ty referred to above.	the above-identified specification	, including the claims,	
I acknowledge the duty to	o disclose informa	ation which is material to	patentability as defined in 37 Cl	FR §1.56.	
I hereby claim foreign priority ber inventor's certificate or 365(a) of a States of America, listed below an certificate or of any PCT internation PRIOR FOREIGN AND ANY F	any PCT internation of the second internation in the second in the secon	onal application which d ified below, by checking naving a filing date befor	lesignated at least one country of the box, any foreign application e that of the application on which	ner than the United for patent or inventor's	
Prior Foreign Application				DDIODITY	
Number (s)		Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED	
1.					
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5.					
I hereby claim the benefit under T	itle 35, United St			cation(s) listed below:	
Application No.			(MM/DD/YYYY)		
1.60/397,898		07	7/23/2002		
2.					

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET NUMBER
PU4758USW

Continued

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION	ON or PCT PARENT APPLI	CATION		
			STATUS (Check one)	
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
POWER OF ATTORNEY: As a named in to prosecute this application and to transact Customer Number 23347 and Custo	all business in the Patent and Trac	titioners associated with demark Office connecte	the Customer Num d therewith	bers provided below
Address all correspondence and telephone calls to Customer Number 23347 Direct Tel			Direct Telephone Ca	ills to:
23347				y H. Fix 483-8911

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	ELUL MANAGE	PANELYNIANE	L BERGER GUERNING NAME	
1	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BROWN	Matthew	Lee
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Indianapolis	IN	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	634 East 10 th Street, Apt. #1	Indianapolis	IN 46202 US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CHEUNG	Mui	
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	CN
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	Ī	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	OF INVENTOR	DICKERSON	Scott	Howard
2				
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
Ш		Five Moore Drive, PO Box 13398	<u> </u>	<u> </u>

DECLARATION FOR "371" APPLICATION Page 3 of 3

1 1	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DREWRY	David	Harold
l [INVENTOR'S	Signature		Date:
	SIGNATURE			`
lol	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
1 1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
1 ' I	ADDRESS		Tresear on Transfer Turk	1,01 th Curonia 27707, 05
		Five Moore Drive, PO Box 13398		
1 . 1	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	LACKEY	Karen	Elizabeth
	INVENTOR'S	Signature		Date:
1 1	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1 1	CITIZENSHIP	Durham	NC	US
l I	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	9	
 	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	PEAT	Andrew	James
		FEA1 Signature	Andrew	
	INVENTOR'S	Signature		Date:
	SIGNATURE	CVTT/	Lamann on populari sorre	
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	THOMSON	Stephen	Andrew
1	INVENTOR'S		· · · · · · · · · · · · · · · · · · ·	Date: / /
1 !	SIGNATURE	Signature Slights D.		9/5/03
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
ľ	CITIZENSHIP	Durham	NC	US
7	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
'	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	ADDICESS		Testaren Triangle Fark	North Caronna 21709, US
—		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	VEAL	James	Marvin
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Apex	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
8	ADDRESS	8916 Weaver Crossing	Apex	North Carolina 27502, US
П	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	WILSON	Jayme	Lyn, Roark
1 1	INVENTOR'S	Signature	/	Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
'		Durham	NC	US
	CITIZENSHIP	POST OFFICE ADDRESS	CITY	
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9	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
				

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COMBINED DECLAR				ATTORNEY'S DOCKET PU4758USw
APPLICATION WITH	POWER	OF ATTORNEY	,	First Names Inventor: BROWN et al
() Declaration submitted with initial f	illing or			Complete if known: App No.:
() Declaration submitted after initial	filing (surcharge re	equired 37CFR1 16(e))		Filing Date
() Beetalanen sasmilea arter mikiar	ming (suremarge in	squited 57 Ct Rt. 10(c))		
				Group Art Unit:
As below named	inventor. I here	by declare that:		
My residence, post office	address and citiz	enship are as stated belo	ow next to my name.	
			e is listed below) or an original, fi imed and for which a patent is so	
	PYRAZOI	LOPYRIMIDINES AS	KINASE INHIBITORS	
the specification of which	(check only one	item below):		
[]is attached hereto. OR	2002 11-4	10	DOTA .	
[X] was filed on July 21	<u>, 2003</u> as United	1 States application Seria	al No or PCT Inte	ernational
Application Number <u>PC</u> applicable)	<u>Γ/US03/22717</u> f	iled and was amended o	n (MM/DD/YYYY)	(if
I hereby state that I have a as amended by any amended			the above-identified specification	n, including the claims,
I acknowledge the duty to	disclose informa	ation which is material to	o patentability as defined in 37 C	FR §1.56.
I hereby claim foreign priority ben inventor's certificate or 365(a) of a States of America, listed below and certificate or of any PCT internation	ny PCT internati d have also identional onal application h	onal application which o ified below, by checking aving a filing date befor	designated at least one country of the box, any foreign application to that of the application on which	her than the United for patent or inventor's
PRIOR FOREIGN AND ANY P				
Prior Foreign Application Number (s)	(Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED
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2.			<u> </u>	
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I hereby claim the benefit under Ti	itle 35, United St			cation(s) listed below:
Application No.			e (MM/DD/YYYY)	
1.60/397,898		0	7/23/2002	<u>.</u>
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DECLARATION FOR "371" APPLICATION Page 2 of 3

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COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET NUMBER
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Continued

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION	ON or PCT PARENT APPLI	CATION			
			STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED	
POWER OF ATTORNEY: As a named in to prosecute this application and to transact Customer Number 23347 and Customer Number 23047	all business in the Patent and Tra-			bers provided below	
Address all correspondence and telepho	ne calls to Customer Number	· <u>23347</u>	Direct Telephone Ca	alls to:	
23347				y H. Fix 483-8911	
I hereby declare that all statements mad	e herein of my own knowledge	are true and that all	statements made s	n information and	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BROWN	Matthew	Lee
	INVENTOR'S	Signature		Date:
	SIGNATURE			. i
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Indianapolis	IN	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	634 East 10th Street, Apt. #1	Indianapolis	IN 46202 US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CHEUNG	Mui	
	INVENTOR'S	Signature ' .		Date: 0//-0
	SIGNATURE			9/5/03
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	CN
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	OF INVENTOR	DICKERSON	Scott	Howard
2				
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	l	1
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Page 3 of 3

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	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DREWRY		Harold
	INVENTOR'S	Signature		Date:
1	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		· ·
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	LACKEY	Karen	Elizabeth
	INVENTOR'S	Signature		
	SIGNATURE	Trans Cheapith	Zacku	Sept. 6, 2M3
0	RESIDENCE &	Signature Paren Elizabeth	STATE OR FOREIGN COUNTRY	Date: Sept 6, 2003 COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		2,703,00
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	PEAT	Andrew	James
	INVENTOR'S	Signature	Anutew	Date:
	SIGNATURE	, 5-8		Date:
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
ľ	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
ľľ	ADDICESS	Five Moore Drive, PO Box 13398	Research Thangle Laik	North Carolina 27709, US
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2	FULL NAME	THOMSON	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	OF INVENTOR	Signature	Stephen	Andrew
	INVENTOR'S	Signature		Date:
0	SIGNATURE RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	
'	CITIZENSHIP	Durham	NC	COUNTRY OF CITIZENSHIP
7	POST OFFICE	POST OFFICE ADDRESS	CITY	US
'	ADDRESS	GlaxoSmithKline	 	STATE & ZIP CODE/COUNTRY
	ADDRESS		Research Triangle Park	North Carolina 27709, US
Щ.		Five Moore Drive, PO Box 13398		
_	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	VEAL	James	Marvin
	INVENTOR'S	Signature		Date:
ا ۱	SIGNATURE	CITY	Lamina	
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Apex POST OFFICE ADDRESS	NC	US
8	POST OFFICE		CITY	STATE & ZIP CODE/COUNTRY
-	ADDRESS	8916 Weaver Crossing	Apex	North Carolina 27502, US
ا ۽ ا	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	WILSON	Jayme	Lyn, Roark
	INVENTOR'S	Signature		Date:
ا ٍ ا	SIGNATURE	Cumi		
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
ا ۱	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
9	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
لبــا		Five Moore Drive, PO Box 13398		<u> </u>

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COMBINED DECLAR	ATTORNEY'S DOCKET PU4758USw			
APPLICATION WITH	1 POWER (OF ATTORNEY		First Names Inventor: BROWN et al
				Complete if known: App No.:
() Declaration submitted with initial	filing or			Арр Но
() Declaration submitted after initial	I filing (surcharge re	equired 37CFR1.16(e))		Filing Date
				Group Art Unit:
As below named	d inventor. I here	by declare that:		
My residence, post office	e address and citiz	zenship are as stated belo	ow next to my name.	
			e is listed below) or an original, fi imed and for which a patent is so	
	PYRAZO	LOPYRIMIDINES AS	KINASE INHIBITORS	
the specification of which	h (check only one	item below):		
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I hereby state that I have as amended by any amen			the above-identified specification	, including the claims,
I acknowledge the duty to	o disclose inform	ation which is material to	patentability as defined in 37 C	FR §1.56.
I hereby claim foreign priority ber inventor's certificate or 365(a) of States of America, listed below an certificate or of any PCT internati PRIOR FOREIGN AND ANY I	any PCT internatind have also ident onal application be	onal application which of ified below, by checking naving a filing date befor	lesignated at least one country of the box, any foreign application to that of the application on whice	her than the United for patent or inventor's
Prior Foreign Application		Country	Foreign Filing Date	PRIORITY
Number (s)			(MM/DD/YYYY))	CLAIMED
2.				
3.				
4. 5.				
I hereby claim the benefit under T	 	rates Code \$110(a) of an	u United States muscipional small	option(a) lists d.hl
Application No.	nie 55, Ollifed St		(MM/DD/YYYY)	cation(s) listed below:
1.60/397,898			7/23/2002	
2.				
3.				

DECLARATION FOR "371" APPLICATION Page 2 of 3

Rec'd PCT/PTO 20

20 JAN 2005

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

NEY'S DOCKET NUMBER
PU4758USW

Continued

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

	tentability as defined in 37 C.F.R. §1.56 T international filing date of this applic		petween the filing date	of the prior
PRIOR U.S. PARENT APPLICATI	ON or PCT PARENT APPLIC	CATION		
			STATUS (Check	one)
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
			<u> </u>	<u></u>
POWER OF ATTORNEY: As a named to prosecute this application and to transac Customer Number 23347 and Customer N	ct all business in the Patent and Trac			nbers provided below
Address all correspondence and teleph	none calls to Customer Number	23347	Direct Telephone Ca	alls to:
23347			l .	y H. Fix 483-8911
I hereby declare that all statements may belief are believed to be true; and furt the like so made are punishable by fin may jeopardize the validity of the app	her that these statements were made or imprisonment, or both, unde lication or any patent issuing the	ade with the knowled or 18 U.S.C. 1001, an reon.	ge that willful falsed that such willfu	se statements and I false statements
TARREST TO A TO	FIDET CIVEN	NAME	CECOND CIVEN NAMI	C/INITIAI

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BROWN	Matthew	Lee
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Indianapolis	IN	US
1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	634 East 10 th Street, Apt. #1	Indianapolis	IN 46202 US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CHEUNG	Mui	
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	CN
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	ľ	Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	OF INVENTOR	DICKERSON	Scott	Howard
2				
-	INVENTOR'S	Signature 14		Date:
	SIGNATURE	Sex Howard	Dickerson	9/12/03
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		_

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			0.80	STOTITE STOTITES
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DREWRY	David	Harold
	INVENTOR'S	Signafure M		Date: System 5, 2003 COUNTRY OF CITIZENSHIP
1 1	SIGNATURE	Signature War Dan Daw		Jyoun 3, 0003
0	RESIDENCE &	CITY /)	STATE OR FOREIGN COUNTRY	
l l	CITIZENSHIP	Durham U	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	LACKEY	Karen	Elizabeth
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
\vdash	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	PEAT	Andrew	James
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	СІТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
ľ	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	7122120	Five Moore Drive, PO Box 13398	9	<u> </u>
Н	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	THOMSON	Stephen	Andrew
~	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	СІТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
ľi	CITIZENSHIP	Durham	NC	lus
7	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
'	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	l	1
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	VEAL	James	Marvin
	INVENTOR'S	Signature		Date:
	SIGNATURE	1 -		
0	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Apex	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
8	ADDRESS	8916 Weaver Crossing	Apex	North Carolina 27502, US
\vdash	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	WILSON	Jayme	Lyn, Roark
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	спу	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
9	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		_
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20 JAN 2005 Rec'd PCT/PTO

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET NUMBER **PU4758USw**

Continued

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior

PRIOR U.S. PARENT APPLICATIO	MULICITARUM ALAM	ATION	STATUS (Check	one)
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
to prosecute this application and to transact	all business in the Patent and Tra	itioners associated with dernark Office connecte	h the Customer Nun ed therewith	nbcrs pro vided below
POWER OF ATTORNEY: As a named in to prosecute this application and to transact Customer Number 23347 and Customer Number Address all correspondence and telephone	all business in the Patent and Tra mber 20462	lemark Office connecto	h the Customer Num ed therewith Direct Telephone C	

the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME	PAMILY NAME	PIEST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BROWN	Matthew	Lee
' I	INVENTOR'S	Significe Matthe 2. Bru		Date: 09 /01 / 2005
1	SIGNATURE	× 11/2000 0. 90.00		COUNTRY OF CITIZENSHIP
0	residence &	CULA (STATE OR FOREIGN COUNTRY	US
	CITIZENSHIP	Indianapolis IN	IN	STATE & ZIP CODE/COUNTRY
1	POST OFFICE	POST OFFICE ADDRESS	CTTY	IN 46202 US
1	ADDRESS	634 East 10th Street, Apt. #1	Indianapolis	SECOND GIVEN NAME/INITIAL
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAMEDINITIAL
2	OF INVENTOR	CHEUNG	Mui	
1	INVENTOR'S	Signature		Date:
1	SIGNATURE			COUNTRY OF CITIZENSHIP
0	RESIDENCE &	CITY Numbers NC	STATE OR FOREIGN COUNTRY	
1	CITIZENSHIP	L Duringue 1 4	NC	STATE & ZIP CODE/COUNTRY
	POST OFFICE	POST OFFICE ADDRESS	CITY	North Carolina 27709, US
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	Morth Caronna 21703, CS
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	PIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
į.	OF INVENTOR	DICKERSON	Scott	Howard
\				
′ [¯	INVENTOR'S	Signature		Date:
	SIGNATURE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
ه ا	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham NC	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
[Five Moore Drive, PO Box 13398	_	
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COMBINED DECLARATION			ATTORNEY'S DOCKET PU4758USw		
APPLICATION WITH POWER	K OF ATTORNEY		First Names Inventor: BROWN et al		
			Complete if known:		
			App No.:		
() Declaration submitted with initial filing or					
() Declaration submitted after initial filing (surchar	ge required 37CFR1.16(e))		Filing Date		
			Group Art Unit:		
As below named inventor. I h	ereby declare that:				
My residence, post office address and of	citizenship are as stated belo	w next to my name.			
I believe I am the original, first and sol (if plural names are listed below) of the entitled:	e inventor (if only one name subject matter which is clai	is listed below) or an original, fi imed and for which a patent is so	irst and joint inventor ught on the invention		
PYRAZ	ZOLOPYRIMIDINES AS	KINASE INHIBITORS			
the specification of which (check only	one item below):				
[]is attached hereto. OR					
[X] was filed on <u>July 21, 2003</u> as Ur	ited States application Seria	or PCT Inte	rnational		
Application Number PCT/US03/2271 applicable)	7 filed and was amended or	n (MM/DD/YYYY)	(if		
I hereby state that I have reviewed and as amended by any amendment specific		he above-identified specification	, including the claims,		
I acknowledge the duty to disclose info	rmation which is material to	patentability as defined in 37 Cl	FR §1.56.		
I hereby claim foreign priority benefits under 35	U.S.C. §119 (a)-(d) or §36	5(b) of any foreign applications(s	s) for patent or		
inventor's certificate or 365(a) of any PCT inter-	national application which d	esignated at least one country otl	her than the United		
States of America, listed below and have also id					
PRIOR FOREIGN AND ANY PRIORITY C	LAIMS UNDER 35 U.S.C.	e that of the application on which	i priority is claimed:		
Prior Foreign Application	Country	Foreign Filing Date	PRIORITY		
Number (s)		(MM/DD/YYYY))	CLAIMED		
1.					
2. 3.					
4.					
5.					
I hereby claim the benefit under Title 35, United	States Code §119(e) of any	United States provisional applic	cation(s) listed below:		
Application No. Filing Date (MM/DD/YYYY)					
1.60/397,898	07	7/23/2002			
2.	1				

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET NUMBER PU4758USw

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	United States of United States of information when the states of information when the states of t	of America that is listed bor PCT International appl	pelow and, insofar as th lication in the manner p tability as defined in 37	e subject matter of each of to rovided by the first paragraph C.F.R. §1.56 which became of this application:	he claims of ph of 35 U.	this application is not S.C. §112, I acknowled	disclosed in the prior
PR	IOR U.S. PARE	NT APPLICATION	N or PCT PAREN	T APPLICATION	-		
						STATUS (Check of	one)
U.	S. Parent Application Number	or PCT Parent	Parent Filing D (MM/DD/YY)		ENTED	PENDING	ABANDONED
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to p	rosecute this applic	NEY: As a named invation and to transact a 47 and Customer Num	Ill business in the Pat	oint the practitioners asso- ent and Trademark Offic	ciated with e connecte	the Customer Numb d therewith	bers provided below
Ad	dress all correspo	ndence and telephon	ne calls to Custome	er Number 23347		Direct Telephone Cal	lls to:
Address all correspondence and telephone calls to Customer Number 23347 23347		919-4	, H. Fix 83-8911				
I he	ereby declare that	all statements made	herein of my own	knowledge are true and	d that all s	statements made or	n information and
bel	ief are believed to	be true; and further	that these stateme	nts were made with the both, under 18 U.S.C.	knowled	ge that willful false	e statements and
ma	y jeopardize the v	alidity of the applica	ation or any patent	issuing thereon.			
	FULL NAME	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME/	INITIAL
2	OF INVENTOR	BROWN		Matthew		Lee	
	INVENTOR'S SIGNATURE	Signature				Date:	
0	RESIDENCE &	CITY		STATE OR FOREIGN COUNT	RY	COUNTRY OF CITIZENS	SHIP
	CITIZENSHIP	Indianapolis		IN		US	

I i	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BROWN	Matthew	Lee
	INVENTOR'S	Signature	12.7	Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Indianapolis	IN	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	634 East 10th Street, Apt. #1	Indianapolis	IN 46202 US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CHEUNG	Mui	
	INVENTOR'S	Signature		Date:
1	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	CITIZENSHIP	Durham	NC	CN
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		,
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	OF INVENTOR	DICKERSON	Scott	Howard
2				
	INVENTOR'S	Signature	<u> </u>	Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		1

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			OR "371" APPLICATION Rac'd	10/521910 PCT/PTO 20 JAN 2005
2	FULL NAME OF INVENTOR	FAMILY NAME DREWRY	FIRST GIVEN NAME David	SECOND GIVEN NAME/INITIAL Harold
	INVENTOR'S	Signature	David	Date:
1	SIGNATURE			1
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham POST OFFICE ADDRESS	NC	US
4	POST OFFICE ADDRESS	GlaxoSmithKline	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
	ADDRESS	Five Moore Drive, PO Box 13398	Research Triangle Laik	North Caronna 27709, US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	LACKEY	Karen	Elizabeth
	INVENTOR'S	Signature		Date:
	SIGNATURE	CITY	CTATE OF POPULON CONTENT	
0	RESIDENCE & CITIZENSHIP	Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
1	POST OFFICE	POST OFFICE ADDRESS	СІТУ	STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	-	· ·
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	PEAT	Andrew	James
	INVENTOR'S SIGNATURE	Signature Cludren J	Bat	Date: 9/20/77
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
_	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	FULL NAME	Five Moore Drive, PO Box 13398 FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	THOMSON	Stephen	Andrew
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP
7	CITIZENSHIP POST OFFICE	POST OFFICE ADDRESS	CITY	US STATE & ZIP CODE/COUNTRY
'	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	VEAL	James	Marvin
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Apex	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
8	ADDRESS	8916 Weaver Crossing	Apex	North Carolina 27502, US
2	FULL NAME OF INVENTOR	FAMILY NAME WILSON	FIRST GIVEN NAME Jayme	second given name/initial Lyn, Roark
	INVENTOR'S	Signature	- vayinc	Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham POST OFFICE ADDRESS	NC	US
9	POST OFFICE ADDRESS	GlaxoSmithKline	Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
		Five Moore Drive, PO Box 13398		1.0.01 011011111 11107, 00
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10./521910 Rec'd PCT/PTO 20 JAN 2005

	RATION FOR UTILITY OF ATTORNE		ATTORNEY'S DOCKET PU4758USW First Names Inventor: BROWN et al
	c .		Complete if known: App No.:
() Declaration submitted with initial	filing or		
() Declaration submitted after initial	filing (surcharge required 37CFR1.16(e))		Filing Date
M			Group Art Unit:
As below named	l inventor. I hereby declare that:		
My residence, post office	address and citizenship are as stated be	elow next to my name.	
I believe I am the origina (if plural names are listed entitled:	l, first and sole inventor (if only one nat below) of the subject matter which is o	me is listed below) or an original, f laimed and for which a patent is so	irst and joint inventor ought on the invention
	PYRAZOLOPYRIMIDINES A	S KINASE INHIBITORS	
the specification of which	n (check only one item below):		
[]is attached hereto. OR			
[X] was filed on July 2	1, 2003 as United States application Se	rial No or PCT Inte	ernational
Application Number <u>PC</u> applicable)	T/US03/22717 filed and was amended	on (MM/DD/YYYY)	(if
	reviewed and understand the contents o dment specifically referred to above.	f the above-identified specification	, including the claims,
I acknowledge the duty to	o disclose information which is material	to patentability as defined in 37 C	FR §1.56.
inventor's certificate or 365(a) of a States of America, listed below an certificate or of any PCT internation	nefits under 35 U.S.C. §119 (a)-(d) or §1 any PCT international application which dhave also identified below, by checking application having a filing date before the property CLAIMS UNDER 35 U.S.	n designated at least one country of ing the box, any foreign application ore that of the application on which	her than the United for patent or inventor's
Prior Foreign Application	Country	Foreign Filing Date	PRIORITY
Number (s)		(MM/DD/YYYY))	CLAIMED
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3.			
4.			
5.			
	itle 35, United States Code §119(e) of a		cation(s) listed below:
Application No.		ite (MM/DD/YYYY)	
1.60/397,898 2.		07/23/2002	

20 JAN 2005

DECLARATION FOR "371" APPLICATION,
Page 2 of 3 Rec'd PCT/PTO

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET NUMBER PU4758USw

Continued

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION	ON or PCT PARENT APPLI	CATION		
			STATUS (Check one)	
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
POWER OF ATTORNEY: As a named i to prosecute this application and to transact	nventor, I hereby appoint the prac	titioners associated with	the Customer Num	bers provided below
Customer Number 23347 and Customer Nu		demark Office connecte	d therewith	
Address all correspondence and telepho	one calls to Customer Number	r <u>23347</u>	Direct Telephone Ca	alls to:
23347				y H. Fix 483-8911
			·	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BROWN	Matthew	Lee
	INVENTOR'S	Signature		Date:
	SIGNATURE			1
0	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Indianapolis	IN	US
	POST OFFICE	POST OFFICE ADDRESS	СІТУ	STATE & ZIP CODE/COUNTRY
1	ADDRESS	634 East 10th Street, Apt. #1	Indianapolis	IN 46202 US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CHEUNG	Mui	
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	CN
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	OF INVENTOR	DICKERSON	Scott	Howard
2				
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		•

DECLARATION FOR "371" APPLICATION Page 3 of 3 ROC'D PCT/PTO 20 JAN 2005

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DREWRY	David	Harold
	INVENTOR'S	Signature	56.3	Date:
	SIGNATURE		e i Otto	
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
,	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
•	NODREGO	Five Moore Drive, PO Box 13398	Research Triangle Fark	North Caronna 27709, US
_	Erry Alla de			
ا ۱	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	LACKEY	Karen	Elizabeth
	INVENTOR'S	Signature		Date:
•	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		•
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	PEAT	Andrew	James
~	INVENTOR'S	Signature	1	Date:
	SIGNATURE] " "		
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
ľľ	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline		
0	ADDRESS		Research Triangle Park	North Carolina 27709, US
Ш	· · · · · · · · · · · · · · · · · · ·	Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	THOMSON	Stephen	Andrew
1 1	INVENTOR'S	Signature		Date:
li	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	l NC	US
7	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		, , , ,
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	VEAL	James	Marvin
~	INVENTOR'S	Signature	Louines	Date:
				Zatt.
0	SIGNATURE RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
'			NC	•
	CITIZENSHIP	Apex POST OFFICE ADDRESS	CITY	US
,	POST OFFICE			STATE & ZIP CODE/COUNTRY
8	ADDRESS	8916 Weaver Crossing	Apex	North Carolina 27502, US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	WILSON	Jayme	Lyn, Roark
	INVENTOR'S	Signature	~ `	Pate 9
	SIGNATURE	Jam In Cook U	le	
0	RESIDENCE &	[CHY C]	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
9	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	l ~	,